Nursing Intake for Pregnant Woman



Patient Name	Inmate Number	Booking Number	Date of Birth	To	day's Date
Name:	DOB:	PID#:			
Subjective:		110///			
LMP:EDD:	G T D	A Dranatal C	ora. Van	No	
Name/Address of OB	0	AFichatal C	vicit		
Name/Address of OBNo	If yes: Doctor	US LAP	OTH	IFR	÷
Number of prenatal visits to date:	Has pt. been t	o ER in last 7 days	(If yes obt	tain RO	1)
Has pt. been to L&D in the last 7 days	(If ves obtain RO	I) Suboxone/Subutex/M	ethadone	Yes	NO
Has pt. had or been told she has: pre-eclar	mpsia	gestational d			
, P	diabetes		ire disorder		
	pre-term labor		ipitate deliv		
1	placenta previa	HIV	/Aids		
	opiate use/withdrawa	1 ETO	H abuse/wi	ithdrawa	ıl
	other (describe)				
Objective:					
TempPulseRespB/P	02Sat	_WeightFHT(I	F>12 weeks	s gestati	on)
Clean Catch urine diastick	Urine drug so	reen:			-
Assessment:					
IUP @ weeks					
Plan: Provider Contacted:			Date	Time	Initials
Send all signed release of information					
Low bunk pass (order from provider)					
Double mattress (3 rd trimester)					
Prenatal Vitamins – 1 po QD (order fr	om provider)				
Colace 100mg – 1 po QD (order from					-
NO NSAIDS	providery				
Call on-call provider if pt. is under the	influence of illega	1 substances			
Call on-call if pt. reports methadone of					
Leave copy of this form on Clinical C					
if any consults or appointments are ne	_	2			
wait for next provider)	The state of the s	ii. aajo (ao not			
Scheduled for onsite provider visit: W	'ho: I	Date:			
Deficient for Orione provider visit.	110.	Juio.			
Nurses Signature			Date/T	ime	
r tarbes Signature			Daw/I	IIIIC	

(Always err on the side of caution with pregnant inmates, if in doubt call the provider for advice)



PAP/Pelvic Exam



tient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
Subjective:	.,			
Physical Examination 1. Vital Signs	eviewed/updated (Initial)	 Labo Hgb_	:oratory:	
 3. Skin 4. HEENT 5. Thyroid 	Normal□ Variar □ Normal□ Variar □ Normal□ Varia □ Normal□ Varia	nt Chlan nt GC_ nt Wet M	nydia	
 Heart Lungs Abdomen Extremities Vulva 	Normal Varia Normal Varia Normal Varia Normal Varia Normal Varia Normal Varia	ont Other		
13. Cervix14. Uterus15. Adnexa	□ Normal□ Varia□ Normal□ Varia□ Normal□ Varia□ Varia□ Varia	nt nt nt		
Assessment and Pla	n:			
Education:			olesterol	□Dental Healt
□Diet/Exercise □Smoking Cessation □Other	☐ Multivitamin/Folic Acid☐ ☐STI/Sexual Health/STD		kin Exposure to U ■Weight Reducti	
Examiner's Signature		Date:		



Pregnancy Orders



atient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
1. Clean Catch Urine at time Send for UA and Cult Confirm pregnancy Urine drug screen – stan any positive results.	ture to lab		immediately if	
2. Vitals, Fetal Heart Rate (if grepatient meets criteria for Vital				
3. Each Sunday: Vitals, Weight4. Low bunk pass5. Double mattress6. Prenatal vitamins - 1 po qd7. Pregnancy diet8. Colace 100 mg po qd prn x9. Tylenol 650 mg po bid prn10. No NSAIDS11. Call on call for any confirm12. Call PA cell phone - leave13. Give patient OB letter1415.	x pregnancy pregnancy x 7 days med prescription med mssg – new pregna	ancy intake		
Nurse:	Date:		Γime:	
MD, NP, PA: Provider to initial each requested order/cr	Date:	led	Time:	 @



Pregnancy Test Urine



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
	= ***	•		
Date of Test:				
Results: (circle one)				
Pregnant	No	ot Pregnant		
+		-		
Staff Name:				

Pregnancy-Nursing SOAP Note



T diloni Hame	Inmale Number	BOOKING NUMBER	Date of Birth	Today s Date
Patient Name:				· · · · · · · · · · · · · · · · · · ·
Date of Birth:				
Subjective:				
LMP	Estimated Date	of Delivery		
G T P A				
G = Number of Pregnancies				
T = Number of Pregnancies to ter	m			
P = Number of preterm pregnanc	ies			
A = Number of abortions and mis				
Number of prenatal visits to date:	J			
Problems during pregnancy:				
Objective:				
BP:				
HR:				
T:				
Weight:				
FHR (fetal heart tones by doppler):				
A: IUP @weeks				
P: see intake sheet and routine pregnancy	orders,			
g:t				
Signature		Date/Time		



Prenatal Screening Form



Patient Name	Inmate Numb	per Booking	Number	Date of Birth	Today's Date
Part I: Obstetrical History LMP:	Yes No	'			
Have you had any complication during previous pregnancies?		Hemorrhage? Pre-eclampsia Miscarriage? Other:	? (Y) (N)	Blood Transf Abortions How many?	Cusion (Y) (N) (Y) (N)
2. Have you had Complications during this pregnancy?		Explain_			(Consider ER)
3. Do you have diabetes?		Regime		(Consider	ER or Infirmary)
4. Do you have vaginal bleeding?		Explain			(Consider ER)
5. Have you noticed a decrease in fetal Movement?		Explain			(Consider ER)
6. Do you have HIV infection?		Indicate on c	onsult; nee	ds priority appo	intment. ORDER
Part II: Focused Obstetrical E	xam				
1. Vital Signs (PB> 140/90 suggestive pre-eclampsia)	of BP: HR:			TEMP: RR:	
2. Abdomen (Include fundal height an Fetal heart rate; consider Fluids and EMS for Fetal Heart Rates <120 or> 16	r l				
Pelvic (Describe cervix and adn	exa)				
Part III: Submit Consults	11				
1. OB Clinic	Includ	e LMP, fundal h	eight, and a	nny complications	S
2. Pelvic Sono	For ge	stational age			
3. Emergency Room (if necessary)		TAIN A HIGH PLICATIONS	I INDEX O	F SUSPICION	FOR
Part IV: Distribute Prenatal R	Education Fo	rm			



Practitioner (print): ______(sign): _____

Women's Health Intake Questionnaire



normal? ou have had a breast exam? kams? Yes / No regarding self breast exams? Yes / No	Patient Name	Patient Number Bo	ooking Number	Date of Birth	Today's Date
the last 12 months? Yes / No ave this done? normal? ou have had a breast exam? yes / No regarding self breast exams? Yes / No	Have you had a pelvic ex	am in the past 12 mon	ths	Yes / No	
the last 12 months? Yes / No ave this done? normal? ou have had a breast exam? yes / No regarding self breast exams? Yes / No	If Yes, where did you hav	e this done?			
normal? ou have had a breast exam? kams? Yes / No regarding self breast exams? Yes / No	When was this done?				
normal? ou have had a breast exam? kams? Yes / No regarding self breast exams? Yes / No					
normal? ou have had a breast exam? kams? Yes / No regarding self breast exams? Yes / No	Have you had a PAP in th	ne last 12 months?		Yes / No	
normal? ou have had a breast exam? xams? Yes / No regarding self breast exams? Yes / No	If Yes, where did you hav	e this done?			
vams? Yes / No regarding self breast exams? Yes / No	When was this done?				
regarding self breast exams? Yes / No	Were you told it was abno	ormal?			,
regarding self breast exams? Yes / No					
regarding self breast exams? Yes / No	When is the last time you	have had a breast exa	m?		
	Do you do self breast exa	ıms?		Yes / No	
	Do you need education re	egarding self breast ex	ams?	Yes / No	
	Do you do self breast exa	ıms?			Yes / No

